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ILLINOIS. MEDICAL CENTER COMMISSION
A LOOK TO THE FUTURE

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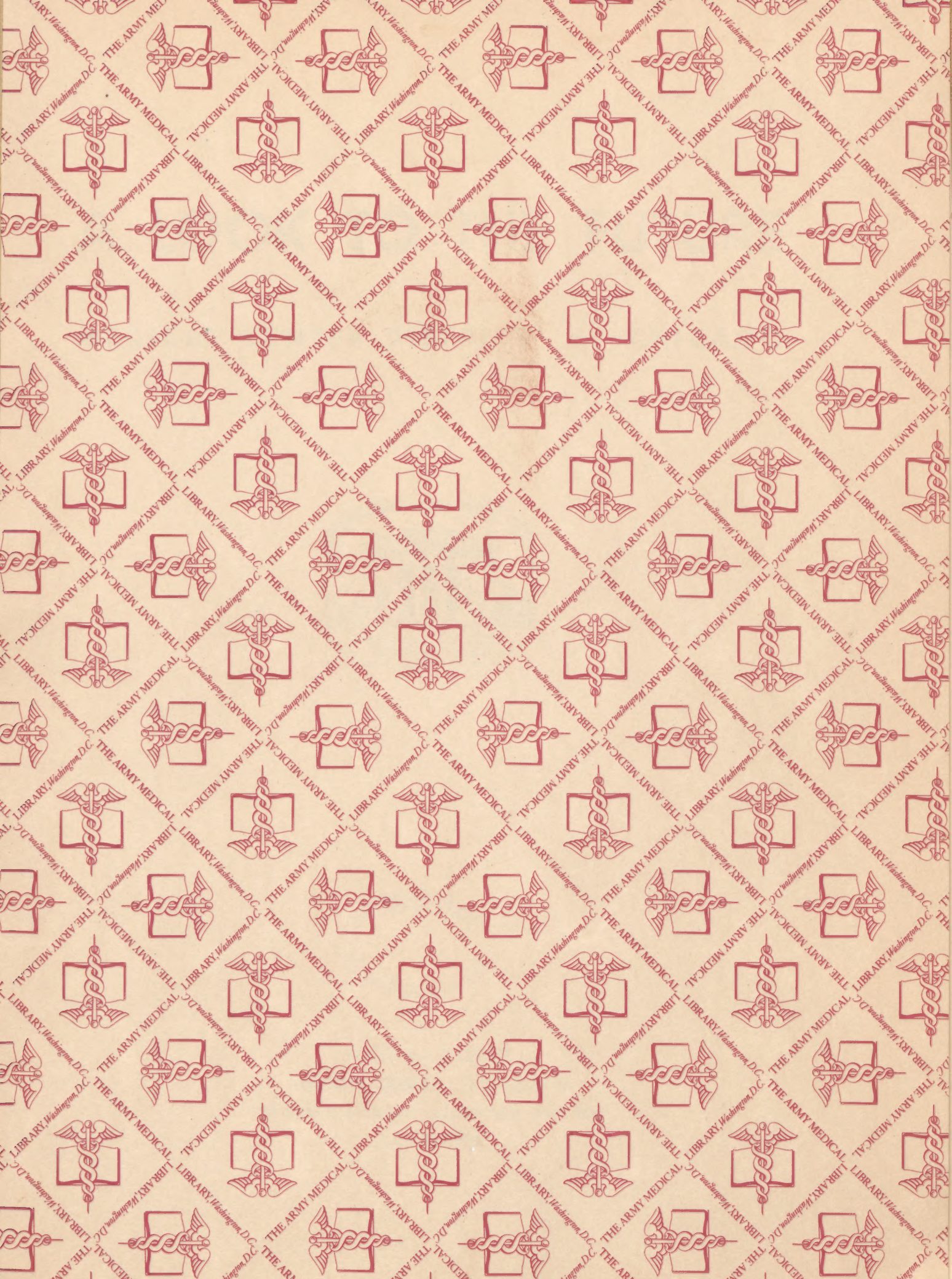
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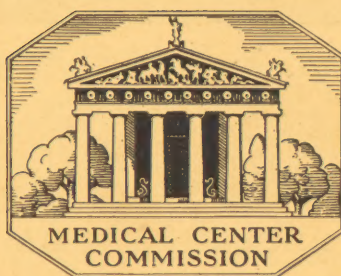
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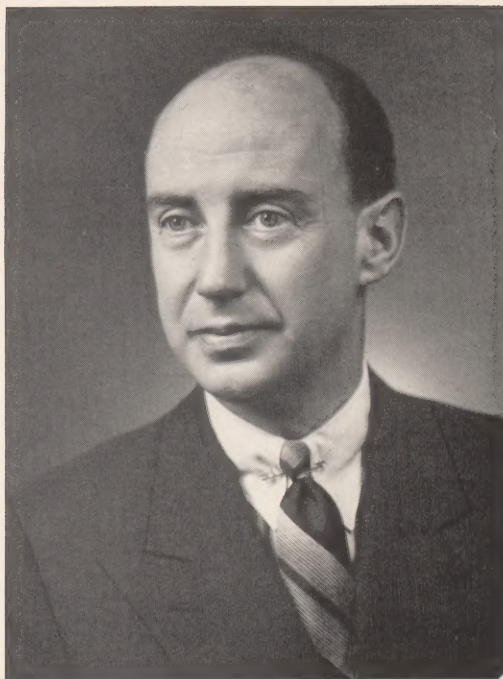
A LOOK TO THE FUTURE

MEDICAL CENTER DISTRICT • CHICAGO



STATE OF ILLINOIS
MEDICAL CENTER COMMISSION
736 SOUTH ASHLAND BOULEVARD, CHICAGO
JULY 1, 1949

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The Honorable ADLAI E. STEVENSON
Governor of Illinois

MEDICAL CENTER COMMISSION

Which, in accordance with provisions of the Medical Center District Act, "... shall consist of seven members, four of whom shall be appointed by the Governor, one by the Mayor of Chicago, one by the President of the County Board of Cook County, and one by the President of the Chicago Park District."

COMMISSIONERS

Walter H. Theobald, M.D., President
Lester J. Norris, Vice President
Albert D. Farwell, Treasurer
David H. Brill, Secretary
C. Hilding Anderson
Carl Stockholm
Walter A. Wade

STAFF

E. Todd Wheeler, Director of Planning
Albert J. Horrell, General Counsel
Louis C. Keter, Property Manager
Ernest E. Sandsteel, Construction Supt.

IN MEMORIAM

Walter J. Kelly, Executive Director, whose devoted service for many years and until his death February 4, 1949, contributed much to this project.

C 20 May 32

**To His Excellency, the Honorable Adlai E. Stevenson,
Governor of Illinois, and to the Honorable Members
of the General Assembly:**

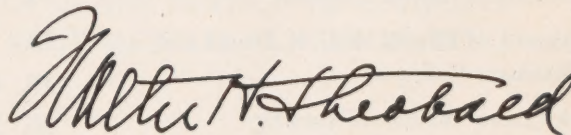
Herewith is submitted a report on Medical Center District development to date, and an estimate of what can be accomplished within ten years if we are provided with funds required to complete the land purchase program.

Steady acquisition of land during the past four years has encouraged other Medical Center institutions to plan for more than \$50,000,000 of new buildings to be erected within the next five years. This, added to the District's present worth of \$100,000,000; indicates we are half way toward the ultimate goal of the \$300,000,000 Medical Center District, illustrated on pages 12 and 13.

To date the State of Illinois has provided the Commission nearly \$4,000,000 for land acquisition and administrative purposes. With that sum we have purchased nearly 40 acres of property, much of which we have partially reconditioned so that we now house over 500 doctors, students, nurses, and others serving the District. Added to what the 22 established institutions own, 94 acres are now committed to Medical Center purposes. There are 100 acres of streets and alleys. This leaves 106 acres yet to be purchased, at a cost of approximately \$12,000,000.

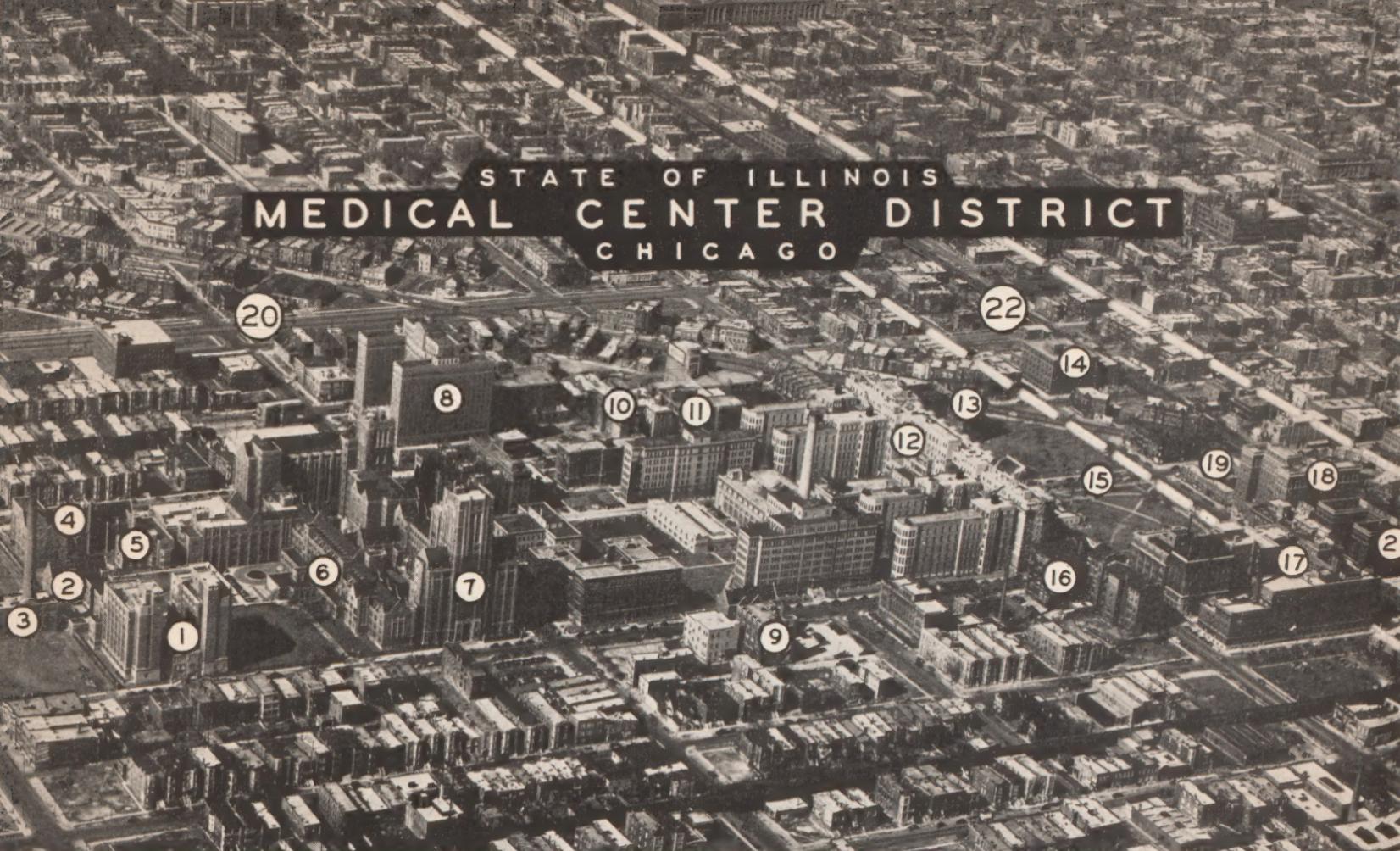
To accomplish this within the life time of you who have aided this development and on whom we must depend for further progress, it is important that the land purchase program be completed as soon as possible. On behalf of the Medical Center Commission, I ask your continued support of this program.

Respectfully submitted,



President
Medical Center Commission

July 1, 1949



STATE OF ILLINOIS
MEDICAL CENTER DISTRICT
CHICAGO

MEDICAL CENTER DISTRICT INSTITUTIONS

1. State Department of Public Welfare,
Illinois Neuropsychiatric Institute
2. University of Illinois Nurses' Residence
3. University of Illinois Power Plant
4. State Department of Public Welfare,
Institute for Juvenile Research
5. Illinois Surgical Institute for Children
6. University of Illinois Hospitals
7. University of Illinois Medical, Dental and
Pharmacy Colleges
8. Cook County School of Nursing
9. Chicago Illini Union
10. Chicago Medical School
11. Loyola University Medical School
12. Cook County General Hospital
13. Cook County Outpatient Department and
Interns' Residence
14. Loyola University Hospital
15. Convalescent Park
16. Loyola University Dental School
17. Presbyterian Hospital
18. Y.M.C.A. Medical Center Branch
19. Cook County Graduate School of Medicine
20. Damen Avenue—the coming Medical Plaza
21. Presbyterian Hospital School of Nursing
22. Proposed Congress Expressway

A PROPOSAL TO COMPLETE MEDICAL CENTER DISTRICT

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R — *A sum of \$12,000,000 invested in land will encourage investment by other institutions of another \$150,000,000 in improvements*

ANALYZING THE PROPOSED LAND PURCHASES

\$4,000,000

TO PURCHASE 35 ACRES FOR
QUIET ZONE AND PARKING

9 ACRES ARE NOW OWNED
6 ACRES ARE TO COME
FROM STREETS AND ALLEYS



\$3,700,000

TO PURCHASE 33 ACRES FOR
HOUSING AND SERVICES

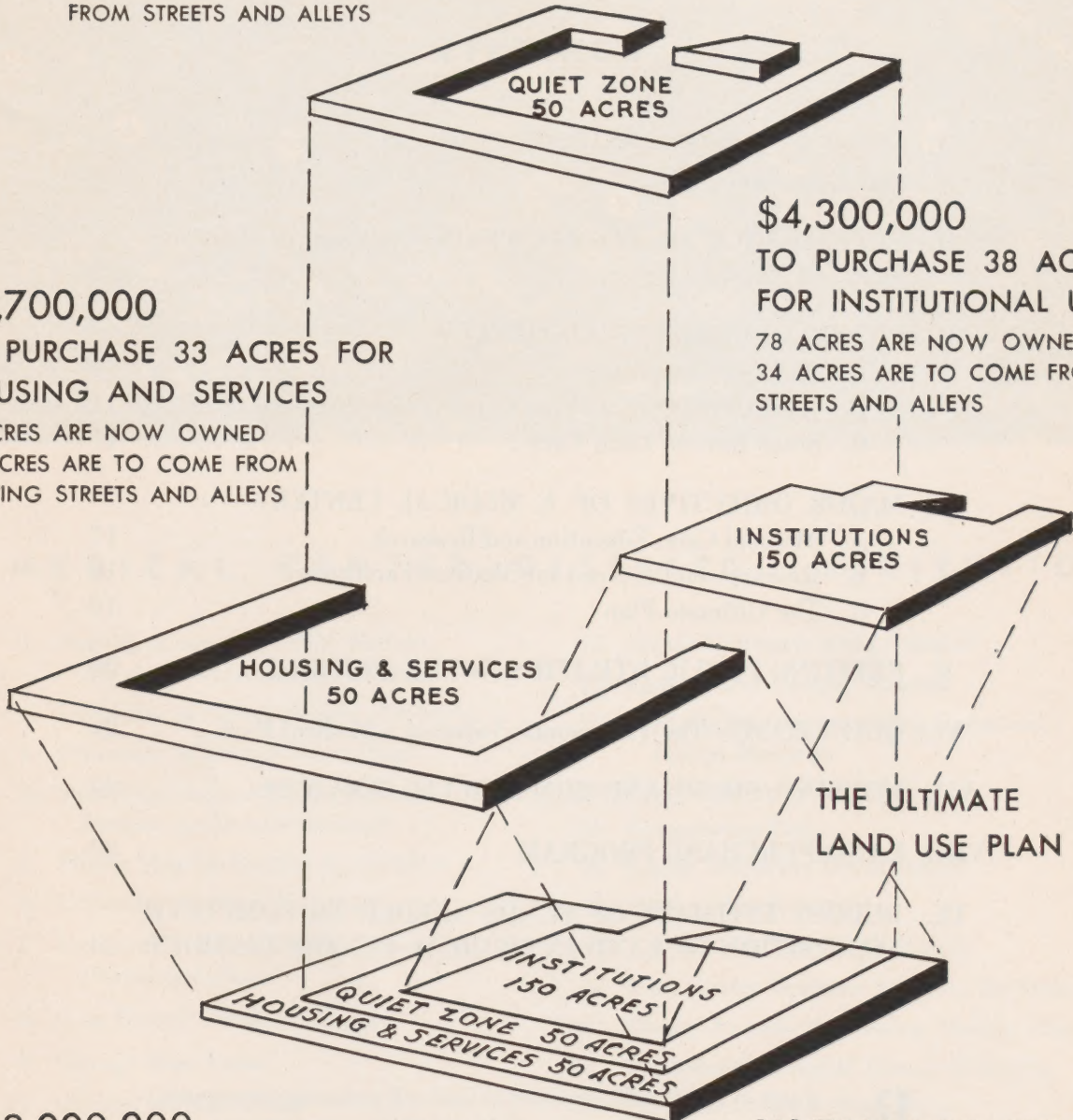
7 ACRES ARE NOW OWNED
10 ACRES ARE TO COME FROM
EXISTING STREETS AND ALLEYS



\$4,300,000

TO PURCHASE 38 ACRES
FOR INSTITUTIONAL USE

78 ACRES ARE NOW OWNED
34 ACRES ARE TO COME FROM
STREETS AND ALLEYS



\$12,000,000

TOTAL TO PURCHASE 106 ACRES
COMPLETING LAND ASSEMBLY
WITHIN THE DISTRICT

ULTIMATE USE

INSTITUTIONAL	150 ACRES
QUIET ZONE	50 ACRES
HOUSING AND SERVICES	50 ACRES
STREETS	50 ACRES
	<hr/>
	300 ACRES

CHAPTER I MEDICAL CENTER DISTRICT CHICAGO

A MONUMENT TO HUMAN SERVICE



The Louis Pasteur Memorial Medical Center District

WHAT IS A MONUMENT?

In recent years a new significance has attached itself to the word "monument." It has come to mean any outstanding permanent evidence of a significant act. Parts of the public domain in many states have been named as national monuments—set aside for public use and the common welfare in recognition of unique qualifications for such use.

In like fashion the 300 acre Medical Center District on Chicago's West Side was set aside by the Legislature of the State of Illinois in 1941 as an area dedicated to the public health—a monument to human service.

The Medical Center District is dedicated to these purposes: to care for the sick, to educate students in the health sciences and to foster medical research. It is truly a memorial to those who aided its development, who serve it now, and who will carry on. It has become a monument, symbolically, to the thousands who know of it and have cooperated in its growth thus far, and to those who look upon it as representing the scientific way of increasing health services to the nation by the intermeshing of research, healing and teaching.

A BRIEF REVIEW OF PROGRESS

1941—Medical Center District Officially Established

The Medical Center Commission was created in 1941 by an Act of the Illinois Legislature. It was made responsible for developing the Medical Center District, a 300 acre area at the geographic center of Chicago and at the population center of Cook County.

Conceived as a medical park in the minds of pioneer, forward-looking leaders of thirty years ago, the idea attracted the enthusiastic support of prominent professional and lay citizens genuinely interested in the medical future of Chicago and of Illinois. The public, too, came to recognize the importance of services rendered each year to hundreds of thousands of patients and students by the great institutions concentrated in the Medical Center District.

Such establishments as the Cook County Hospital, the Presbyterian Hospital, Loyola Medical and Dental Schools, the University of Illinois Hospitals and Medical, Dental and Pharmacy Colleges, and other state and private institutions, have built up an enviable record of service.

With this background it was logical for the Legislature to take the initiative—a step unique in the field of Medicine—of creating a District and a Commission both dedicated to the improvement and expansion of medical care, research and education, and provided with the tools for consummating these purposes. Nowhere else in the world have the abilities for planning such services and the authority to develop those plans to full fruition been combined in one agency.

1942—A Master Plan is Adopted

The basic plan adopted in 1942, now somewhat expanded in detail, serves as the fundamental guide to growth. It shows a central area for medical institutions within which all of the therapeutic methods known to science can be brought to bear upon the multitude of ailments needing attention. Approximately 50 acres have been allocated for ultimate development as a quiet zone or park belt surrounding the land assigned to medical institutions, both those existing and those to be added. The remaining land—a block wide strip along the east, south and west boundaries—is to be used for future housing and services. On the north the projected Congress Expressway, park-like and open, will supply rapid transportation to the entire metropolitan area. This simple but flexible plan provides the elements of housing, park and medical institutions necessary for a completely integrated Medical Center District.

1945-47—Land Purchases to Date—37 Acres— 3½ Million Dollars

In 1945 the Legislature appropriated \$1,100,000 for land purchases in the District, and during the next two years 15 acres were acquired. Purchase of the first parcel—a vacant lot at 618 South Paulina—marked an important milestone on the road to fulfillment of the ultimate goal.

By 1947 a successful pattern of land purchase had been established, and more than twenty active groups were seeking assignments of land within the District. Recognizing this evidence of need, the 65th General Assembly appropriated \$2,550,000 for 1947-49. With these funds the Commission acquired an additional 22 acres of land, bringing its total purchases up to 37 acres. Under this Act the Commission may sell or lease this land to qualified medical institutions.

1948—New Construction Emerges

Experience gained from 1945 through 1948 demonstrates the significant contributions which can be made by Medical Center Commission. Of the numerous projects under way, many were made possible because the Commission was able to assemble land for resale to a hospital or school at an equitable price. In other cases the Commission's power of condemnation has prevented a few unwilling owners from tying up land assembly where a large tract combining many small properties was needed for a hospital. Even greater benefits can be foreseen from a continuance of land assembly by the Commission and from the control which comes with land ownership. The Commission has encouraged and aided institutions in making plans and in securing necessary cooperation of other Medical Center institutions.

1949—The Sum Required to Complete Purchase of Land in the District

Eventually it will be desirable to establish permanent control over the Medical Center District to assure its proper ultimate development. This can best be accomplished by acquiring the 106 acres of land still privately owned. Cost of this land is estimated at \$12,000,000, and its purchase would enable scores of projects to move ahead. The complete realization of the ultimate plan will result in an investment by all agencies of an estimated \$300,000,000. An analysis of the District's three stages of development shows: *First*, investments in land, buildings, equipment and endowments to date total \$100,000,000; *Second*, funds earmarked for current projects exceed \$50,000,000; and *Third*, the remainder required for ultimate development is \$150,000,000. It is fair to state that the investment of \$12,000,000 of State funds in land purchases will assure the ultimate investment by other agencies of the remaining \$150,000,000 in much needed medical institutions.

CHAPTER II

SIGNIFICANCE OF ITS LOCATION

The Medical Center District is at the center of Chicago's population.

In 1900 the population center was at Racine and 18th.

By 1910 it had moved to Laflin and 14th.

In 1920 still farther north to Laflin and Taylor.

1930 saw it moved to Paulina and Polk—within the District. And 1940 to Honore and Harrison Street—at the main entrance to the Cook County Hospital.

In 1948 it is found at Congress and Hoyne.

Thus in forty years the population center has slowly moved northward and westward, like the movement, during a solar eclipse, of the moon's shadow across the

face of the earth. It entered the Medical Center District between 1920 and 1930 and has remained within it ever since.

TRANSPORTATION

The Medical Center District occupies a strategic location in Chicago. Not only is it the center of population, but it is also closely tied to the City both by the present boulevard system (it is bounded on three sides by existing boulevards) and by the network of expressways proposed in the comprehensive plan for Chicago published in 1946 by the Chicago Plan Commission. The first of the new superhighways to be built will be the Congress Expressway which will form the northern boundary of the Medical Center District. By means of this highway it will be possible to reach the Loop in a few minutes, and when the remaining expressways are completed, all parts of the city will be quickly accessible to the District.

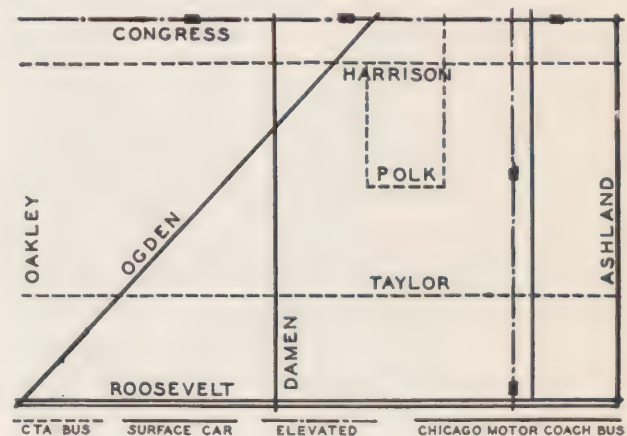
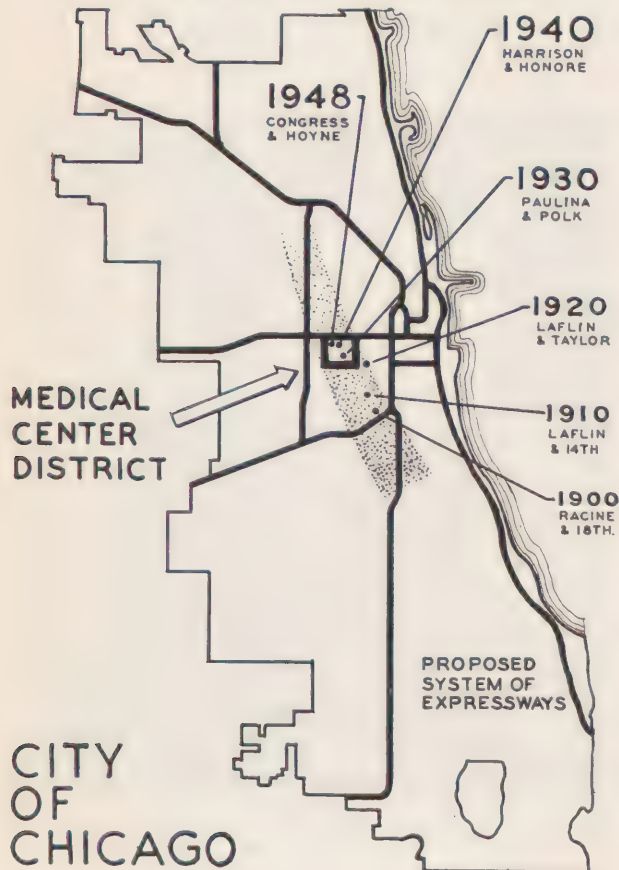


Typical Cross-Section Showing Superhighway and Four-Track Subway

The Congress Expressway will be in a 14 foot deep cut which will include two express roads for automobiles and tracks for high speed subway trains connecting with other Chicago Transit Authority facilities throughout the city including elevated, street cars and busses.

CENTER OF POPULATION

THROUGH THE YEARS IT HAS SLOWLY MOVED INTO THE MEDICAL CENTER DISTRICT

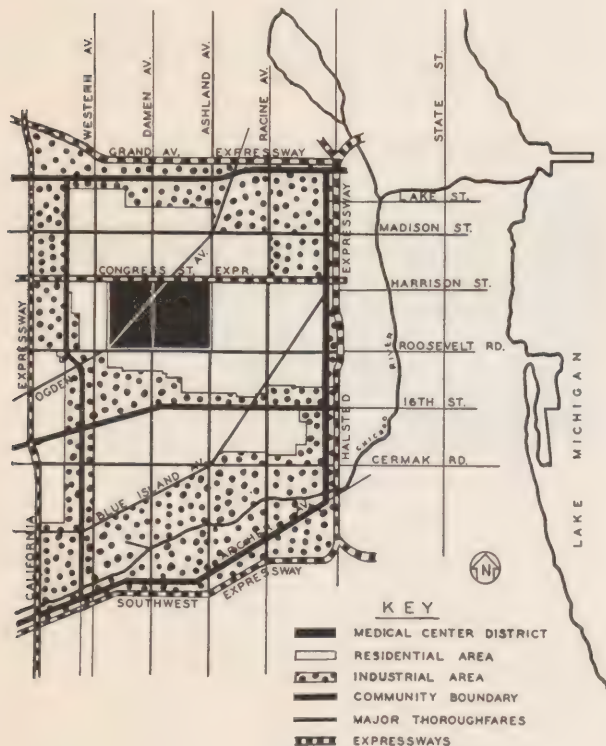


Public Transportation in Medical Center District

INDUSTRY AND COMMERCE

The District is favorably located to serve industries and to utilize the many and valued resources of industrial Chicago in its educational and research program.

The accompanying map shows a portion of the City of Chicago and indicates the areas assigned to industrial use in the comprehensive plan. It reveals that the District is completely surrounded by some of the most extensive industrial areas, but also shows numerous residential neighborhoods between the District and industry.



Hospitals within the District are able to render emergency care in extreme cases of industrial injuries, and industry is cooperating more and more with the medical schools in placing its facilities at their disposal for educational use. Many important medical research projects are financed by industries, and an even closer tie is being developed by studies under way in the field of industrial medicine. It is expected that eventually a school of industrial health will be established operating in connection with a school of public health and preventive medicine. Every indication seems to point to the advantages of cooperation between medical schools and hospitals in the District and the industrial organizations surrounding it.

INTEGRATION OF MEDICAL CARE

One of the major objectives of the Medical Center plan is to establish within Medical Center District those services and schools which will form a balanced and integrated unit in the plan of health services for the City of Chicago. Consideration of this point has required study of the entire Chicago area, and in fact of the State of Illinois, to insure the establishment of the maximum needed services without wasteful duplication. A later chapter deals with this question in greater detail.

The general practitioners who are responsible for the general welfare of their patients do most of the diagnostic work. They may turn to specialists, however, for assistance and often join with them in diagnosis and treatment. Research scientists who are active in each field explore that field to the fullest. This process, so essential to the best interests of the patient, calls for many men and many techniques. It is obvious that such resources can best be found where general practitioners and specialists group themselves together. The inducement to professional men to form such groups hinges upon the extent of teaching and research which is undertaken. The medical teaching and research team consists of the staff diagnostician, the specialist, the resident doctor, the intern and the undergraduate clerk. Each member of the team serves as a check and a stimulus to other members and together they give a service which is seldom equaled. Thus it has become established that the best medical care is found where it is combined with teaching and research.

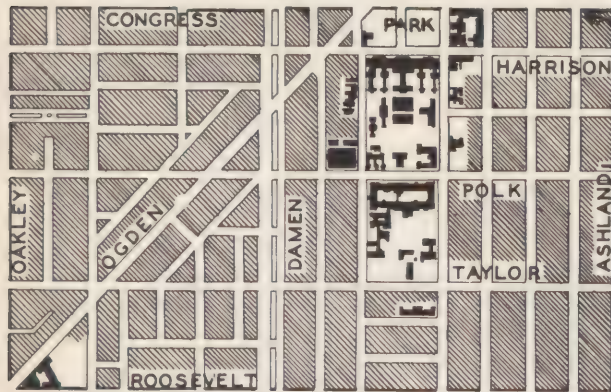


The illustration shows the specialist, the resident in training and the medical student all concentrating on care of the patient.

CHAPTER III

PHYSICAL CHARACTERISTICS

EXISTING LAND USES



Map Showing Established Medical Institutions

The present use of land in the Medical Center District can be described very simply by showing the areas in acres now devoted to Medical Institutions, Streets and Alleys, and Residential, Commercial and others.

Established Medical Institutions..... 50 acres
 Streets and Alleys.....100 acres
 Residential, Commercial and Others...150 acres
 About 10 percent of the lots in the District are vacant.

Another way to look at it:

Thirty-eight percent of the 200 acres of land (excluding streets and alleys) is covered by buildings. This should be reduced to 25 percent to give a park-like character. Almost one-third of the residential properties are tax delinquent. Nine-tenths of the residential buildings are older than 50 years. Many are unsafe and a hazard to health.

Zoning—Like most parts of the city the Medical Center District is zoned for more commercial and industrial use than has been developed. Relatively few industries are in the District itself and those which are occur on the fringes.

Two public schools, five parochial schools and twelve churches are located within the boundaries.



A typical depreciated building

Parks include Convalescent Park (3½ acres), Central Parkway strips in Damen Avenue and Campbell Park, a playground at Damen and Taylor and two small triangular parks on DeKalb Street, a total of six acres.

The aerial photo shows a central core of existing medical buildings hemmed in by acres of ancient dwellings.



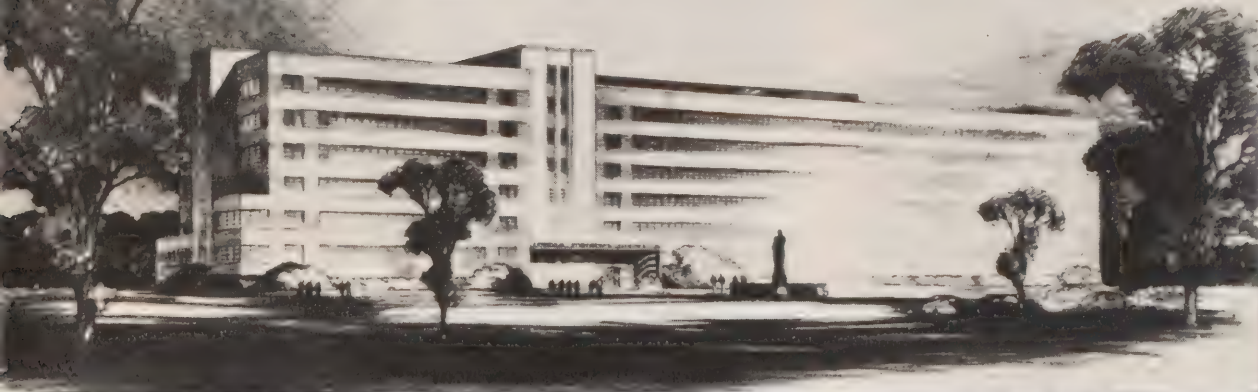
The ghosts of the past climb these stairs



STATE TUBERCULOSIS
HOSPITAL



INSTITUTION FOR
TUBERCULOSIS RESEARCH



LOYOLA UNIVERSITY
MEDICAL AND
DENTAL SCHOOL



UNIVERSITY OF ILLINOIS
HOSPITAL

A FIVE YEAR \$50,000,000 CONSTRUCTION PROGRAM

The prime objective of the general development plan described in Chapter I is to change the District from a crowded area of blight to an open, healthful Medical Park.

First steps on this change are now being taken, and it is estimated that the improvement programs already under way or assured within the next five years will add a total of \$50,000,000 of investment to the \$100,000,000 now invested in land, buildings, equipment and endowment for Medical Center institutions. Included are—

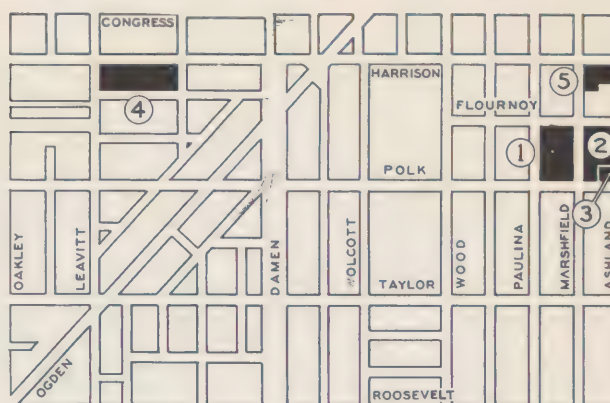
1. The Veterans Administration Hospital (500 beds and clinic).
2. Loyola University Medical and Dental Schools (800 students).
3. Cook County Hospital Expansion (Interns' quarters and hospital improvements).
4. State Department of Public Health TB Hospital (483 beds).
5. Institution for Tuberculosis Research (a laboratory and clinic).
6. University of Illinois College of Pharmacy (600 students) and Expansion of General Hospital (330 beds).
7. Presbyterian Hospital Expansion (200 beds) and relocation of Nurses' Residence.
8. Cook County Graduate School of Medicine relocation.
9. Medical Center YMCA relocation.

SOME INTERIM LAND USES ECONOMIES IN CONSERVATION

A major objective of the master plan for Chicago is to reclaim blighted areas and rebuild them into attractive neighborhoods with new housing and new conveniences for shopping and for employment. This aim, laudable as it is, will take many years to reach even if construction of housing continues at the present rate. In the meantime people must go on living and properties continue to depreciate.

The Medical Center Commission realizes that its ultimate plan will take many years to consummate and has proposed a series of interim Conservation projects designed to bridge the gap in time between present needs and final fulfillment. This program follows the principle that we work with the tools available, doing the best possible with the resources at hand.

LOCATION OF INTERIM PROJECTS



Current accomplishments include three projects:

1. Improvement of the 2½ acre block (No. 19) bounded by Paulina, Polk, Marshfield and Flournoy.
2. Landscaping and minor improvements in the 2½ acre block (No. 20) bounded by Ashland, Polk, Marshfield and Flournoy.
3. Conservation of the building at Polk and Ashland to serve as an office building for the Medical Center Commission.

Two other important conservation projects are proposed as part of the development plan.

4. The creation of an Old People's Colony.
5. The development of a Community Center for the St. Paul Methodist Church.

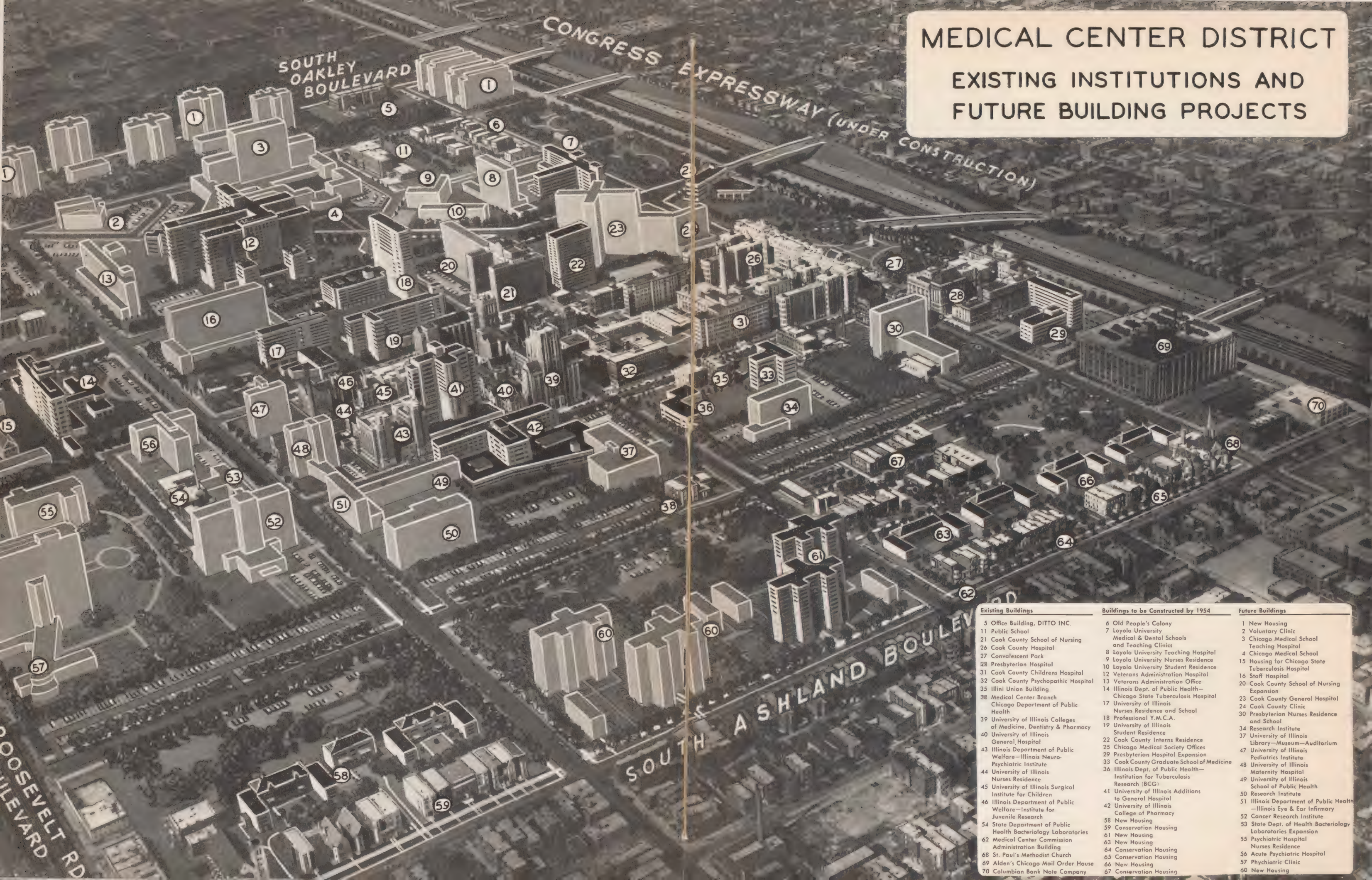
The ultimate plan shows 46 acres assigned to Housing. In the five conservation projects already undertaken or assured 10½ acres will be rehabilitated for interim use. Eventually new housing or the park belt will replace the conservation housing after it has served its purpose. In this way the public money will be used most effectively and economically.



University of Illinois College of Pharmacy

MEDICAL CENTER DISTRICT

EXISTING INSTITUTIONS AND FUTURE BUILDING PROJECTS



Existing Buildings

- 5 Office Building, DITTO INC.
- 11 Public School
- 21 Cook County School of Nursing
- 26 Cook County Hospital
- 27 Convalescent Park
- 28 Presbyterian Hospital
- 31 Cook County Childrens Hospital
- 32 Cook County Psychopathic Hospital
- 35 Illinois Union Building
- 38 Medical Center Branch Chicago Department of Public Health
- 39 University of Illinois Colleges of Medicine, Dentistry & Pharmacy
- 40 University of Illinois General Hospital
- 43 Illinois Department of Public Welfare—Illinois Neuro-Psychiatric Institute
- 44 University of Illinois Nurses Residence
- 45 University of Illinois Surgical Institute for Children
- 46 Illinois Department of Public Welfare—Institute for Juvenile Research
- 54 State Department of Public Health Bacteriology Laboratories
- 62 Medical Center Commission Administration Building
- 68 St. Paul's Methodist Church
- 69 Alden's Chicago Mail Order House
- 70 Columbian Bank Note Company

Buildings to be Constructed by 1954

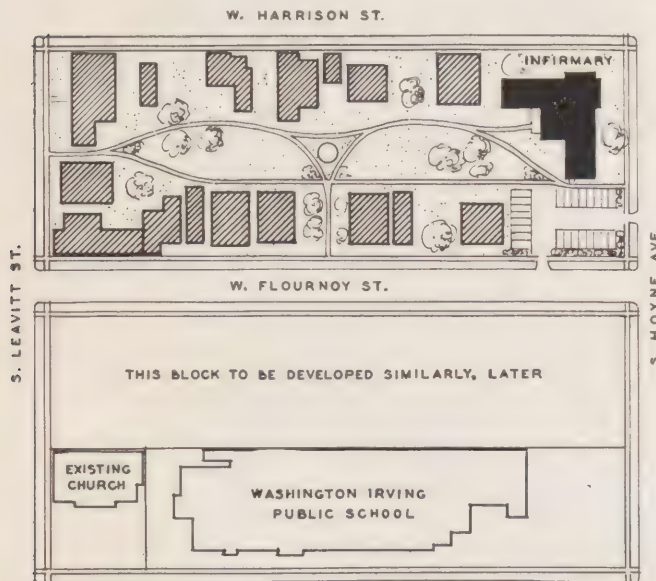
- 6 Old People's Colony
- 7 Loyola University Medical & Dental Schools and Teaching Clinics
- 8 Loyola University Teaching Hospital
- 9 Loyola University Nurses Residence
- 10 Loyola University Student Residence
- 12 Veterans Administration Hospital
- 13 Veterans Administration Office
- 14 Illinois Dept. of Public Health—Chicago State Tuberculosis Hospital
- 17 University of Illinois Nurses Residence and School
- 18 Professional Y.M.C.A.
- 19 University of Illinois Student Residence
- 22 Cook County Interns Residence
- 25 Chicago Medical Society Offices
- 29 Presbyterian Hospital Expansion
- 33 Cook County Graduate School of Medicine
- 36 Illinois Dept. of Public Health—Institution for Tuberculosis Research (BCG)
- 41 University of Illinois Additions to General Hospital
- 42 University of Illinois College of Pharmacy
- 58 New Housing
- 59 Conservation Housing
- 61 New Housing
- 63 New Housing
- 64 Conservation Housing
- 65 Conservation Housing
- 66 New Housing
- 67 Conservation Housing

Future Buildings

- 1 New Housing
- 2 Voluntary Clinic
- 3 Chicago Medical School Teaching Hospital
- 4 Chicago Medical School Tuberculosis Hospital
- 15 Housing for Chicago State Tuberculosis Hospital
- 16 Staff Hospital
- 20 Cook County School of Nursing Expansion
- 23 Cook County General Hospital
- 24 Cook County Clinic
- 30 Presbyterian Nurses Residence and School
- 34 Research Institute
- 37 University of Illinois Library—Museum—Auditorium
- 47 University of Illinois Pediatrics Institute
- 48 University of Illinois Maternity Hospital
- 49 University of Illinois School of Public Health
- 50 Research Institute
- 51 Illinois Department of Public Health—Illinois Eye & Ear Infirmary
- 52 Cancer Research Institute
- 53 State Dept. of Health Bacteriology Laboratories Expansion
- 55 Psychiatric Hospital Nurses Residence
- 56 Acute Psychiatric Hospital
- 57 Psychiatric Clinic
- 60 New Housing

THE OLD PEOPLE'S COLONY

Early in the studies for Medical Service it became apparent that the care of the aged is becoming a major medical problem. Much research is being done in this field and the new specialty of Geriatrics, the science of medical care for diseases of the aged, is assuming importance. Many elderly patients need intermittent medical attention and occasional home calls from the physician but do not need to be hospitalized full time.



Aerial Perspective of Old People's Colony

To meet this need, it is proposed to provide housing for the aged together with a new building containing 50 infirmary beds for acute cases and emergencies.

The colony is to be located in the 3 acre block bounded by Harrison, Hoyne, Flournoy and Leavitt. Garages in the center of the block are to be removed and a garden court developed. Certain of the older residential buildings will be removed, and the remainder cleaned up and made suitable for such occupancy. It is anticipated that the block will eventually be cleared for hospital use, and the infirmary building incorporated in such a development.

ST. PAUL METHODIST CHURCH COMMUNITY CENTER

A second conservation project which has been under way for some time concerns the St. Paul Methodist Church and the buildings grouped around it in the 2½ acre block bounded by Ashland, Flournoy, Marshfield and Harrison. Already the community includes several residential buildings used by the Church staff, and the proposal is to assign the entire block to the project, remove the worst of the old buildings, close the alley and rehabilitate the remaining buildings about a garden court. Improvement of the north end of the block will be undertaken first, and eventually it is planned to replace the existing buildings in the south end of the block with new housing.

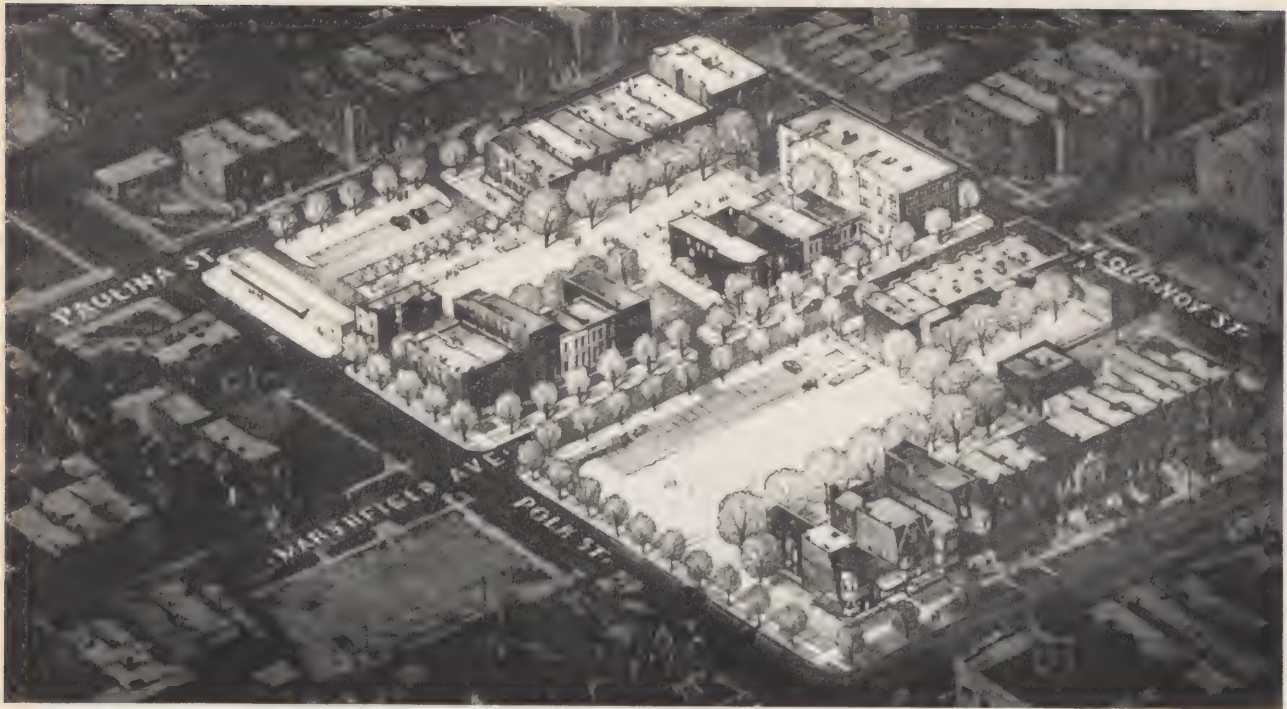
The economies in conservation projects, some of which have been carried out with others under way, will permit the achievement of needed housing for an interim period. In the ultimate plan all old housing will be replaced with new buildings designed to meet

the special needs of the Medical Center District, but until this objective can be achieved, these interim proposals will bridge the gap.



Artist's design showing proposed arrangement of St. Paul Community Center

CONSERVATION PROJECT—BLOCKS 19 AND 20



Proposed Interim Treatment by Conservation of Blocks 19 and 20. In the Ultimate Plan these blocks will be used for park area and housing, respectively.

CONSERVATION OF BLOCK 19

Funds appropriated by the Legislature have permitted purchase of all properties in Blocks No. 19 and No. 20. Block No. 19, bounded by Paulina, Polk, Marshfield and Flournoy Streets, will eventually be cleared as a part of the park belt. Toward that end a conservation design has been made in which all garages and two of the derelict buildings are being torn down and the central alley closed. Other buildings are to be cleaned up and painted, and a minimum of internal improvements made (only those necessary for health and safety). The center of the block thus opened up will become a park and play area, and the entire block will be landscaped and provided with off-street auto parking. Eventually the store at the southwest corner of the block will be modernized, and the apartment building at the northeast corner of the block improved.

This project will contain over seventy apartments varying in size from three to seven rooms and providing economical housing for qualified families during the life of the project. As time passes, the oldest buildings will be torn down and the park area extended so that eventually the entire block will be cleared for its ultimate use as a park. Progressive

growth toward the ultimate goal will demonstrate the effectiveness of long range planning coupled with interim conservation.

THE BLOCK 20 DEVELOPMENT

The Block bounded by Ashland, Polk, Marshfield and Flournoy (Block 20—2½ acres) presents a slightly different problem. In this block the ultimate plan calls for housing overlooking the park to the west.

Accordingly an interim plan has been worked out in which it is proposed to clear the few buildings remaining in the west half of this block (fronting on Marshfield) and keep that portion open for a time. The east half of the block, with buildings fronting on Ashland, has been cleaned up and painted, and the grounds landscaped. Garages and old buildings in the interior of the block are being torn down and the whole west half treated with simple landscaping to serve as an interim park. In time new housing will be built in the west half of the block and in the ultimate plan the buildings in the east half will be torn down and new housing built. Thus the plan provides a maximum of housing accommodations at all times and leads logically toward the ultimate plan.

LOYOLA DENTAL
SCHOOL



CHICAGO MEDICAL SCHOOL

LOYOLA MEDICAL
SCHOOL



COOK COUNTY
HOSPITAL &
CONVALESCENT PARK

PRESBYTERIAN
HOSPITAL

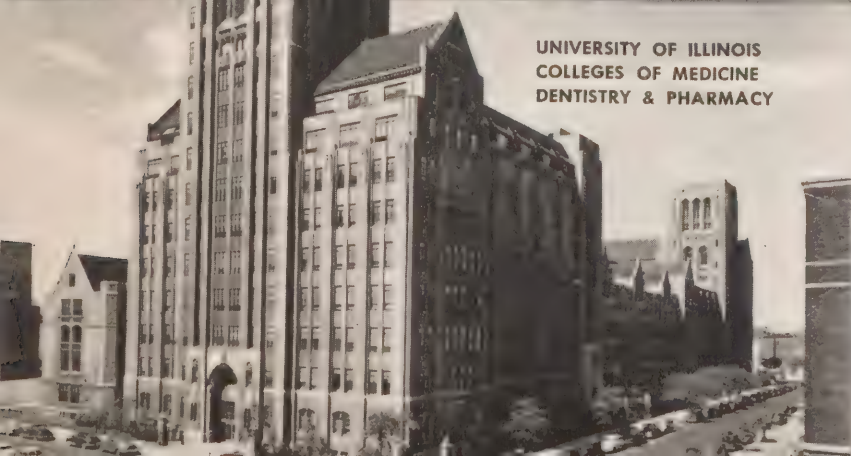


STATE BACTERIOLOGICAL LABORATORY

ILLINOIS
NEURO-PSYCHIATRIC
INSTITUTE



UNIVERSITY OF ILLINOIS
COLLEGES OF MEDICINE
DENTISTRY & PHARMACY



CHAPTER IV—MAJOR OBJECTIVES OF A MEDICAL CENTER

MEDICAL CARE, EDUCATION AND RESEARCH

The Medical Center District builds its major projects on the three foundation stones of medical care, medical education and medical research. All the institutions which are now in the District or expected to be there under the ultimate development plan are tested and qualified by their contribution in one or more of these three areas.



Professional institutions in the Medical Center District are keenly aware of the importance of research. The concentration of great hospitals, medical schools, laboratories and eminent specialists in the area provides an ideal setting for intensive studies designed to alleviate human suffering by improving the techniques of medical care.

Cook County Hospital's research program since 1943 has centered in its affiliate—the Hektoen Institute for Medical Research. Currently the Institute is conducting studies on protein metabolism, leukemias, rheumatic fever, liver and kidney diseases. Receiving special attention are the studies of malignancy and the amino acids.

At the University of Illinois medical research has been given great impetus by reason of Dr. A. C. Ivy's leadership in this field. Some 900 physicians on the staff of the University's College of Medicine are currently working on various research problems. Many of their findings have been particularly noteworthy. Among these is a study on convalescence, a subject of paramount importance to Chicago because of the tremendous deficiency of facilities for the care of patients in this classification. Dr. Warren H. Cole and Dr. Robert

W. Keeton have conducted studies which have determined the possibility of eliminating postoperative difficulties by new forms of treatment.

A new treatment for strictures of the common bile duct has been developed by the department of surgery, and Dr. Wakerlin, head of the department of physiology, has made important contributions to the study of experimental renal hypertension. At this time he is conducting research on the prevention and treatment of experimental hypertension as a promising approach to the increasingly important problems of cardiovascular diseases in man.

Research at the Illinois Neuropsychiatric Institute consists of two types, clinical and laboratory. Clinical research centers about the observation of patients and their reaction to various therapeutic procedures, the primary purpose being to furnish a solid foundation for methods of treatment to be used in state hospitals. Facilities for every type of research work are provided in the Institute's laboratory, headed by Dr. Warren S. McCulloch of the University of Illinois. Special mention should be made of the work on technical devices of the latest pattern which have been installed, and of the laboratory, which has at its call consultants from every branch of the University of Illinois Hospitals.

Presbyterian Hospital's activities in research go back over many years. They began in 1902 with the founding of the John McCormick Institute for Infectious Diseases. Here was developed the famous Dick method of diagnosis and immunization against scarlet fever. Numerous investigations have been made possible by special grants-in-aid for research on such subjects as the effects of the new antibiotic agent, streptomycin; the relations between hypersensitivity to bacteria and acquired immunity; changes in the cellular elements of the blood of infants following birth; the use of folic acid in the treatment of anemia; the use of dicumarol in blood plasma to prevent intravascular blood clotting; the Rh factor in human blood; a correlation between electrocardiographic findings and pathologic changes in the heart, metabolism and growth of premature infants, and the treatment of brain injuries. An attempt is being made to construct an artificial esophagus. In these research studies Presbyterian Hospital is constantly probing into the future for better drugs and techniques.

The City of Chicago has recently authorized its first District Health Center to be located in an existing building in the District. This important step brings the Department of Public Health into active cooperation with other agencies in Medical Center District. It is planned to carry forward clinical research as well as treatment in this unit.

From the foregoing material it will be seen that Research constitutes a most important factor in the programs and activities of the professional institutions concentrated in Medical Center District.

RESEARCH ON THE NEED FOR MEDICAL FACILITIES

Three factors—medical service, research and education—have been decisive in determining the institutions to be established in Medical Center District. Medical service is assumed to be an essential in all cases but research and teaching are not always included in planning the institutions for the District, therefore the criterion has been the contribution each of them can make to research and education.



Intensive research studies by the Commission's planning department have developed detailed reports and tentative plans in six fundamental subjects:

1. So great is the overcrowding of the State's accommodations for mental patients that additional facilities are imperative. A 500 bed Psychiatric Hospital is proposed in which intensive screening and treatment will be provided, thus avoiding the necessity for committing many patients to state hospitals. This institution should be closely associated with medical schools for the purpose of teaching, training and supervision in the care of mental cases.
2. Tuberculosis hospitals should be adjacent to and co-ordinated with general hospitals, in order that technical facilities and medical and surgical personnel may be readily available. It is difficult to imagine a more appropriate setting for the proposed 483 bed State Tuberculosis Hospital, which will have the benefit of ready access to the BCG Institute, for which ground has been broken, and other laboratories to be concentrated in the District. Both of these are joint projects of the State Department of Public Health and the University of Illinois.

3. Recent studies reveal a staggering deficiency of 6,000 beds for long-term illness patients. The Commission has planned a 200 bed Institute for the Study of Long-Term Illness, which will obviously not begin to meet the over-all requirements from the standpoint of service. On the other hand the proposed Institute, fully equipped and staffed, will supply a long felt need in the field of research and teaching of this specialty, and such research may well reduce the ultimate need for service beds.
4. Convalescent care is of particular concern because the general hospitals in the Chicago area have practically no facilities for this type of service. Hospitals in the District currently require 436 additional beds and special facilities designed for reducing the period of convalescence. The Commission's program includes nutritive, physical and occupational therapy, re-education and rehabilitation. Location of these facilities within the orbits of the medical schools, hospitals and laboratories of the District creates a perfect setting for research and education.
5. Maternal and gynecological care will be provided in the proposed 204 bed Women's Hospital. Adjunct services will include radiology, pathology,



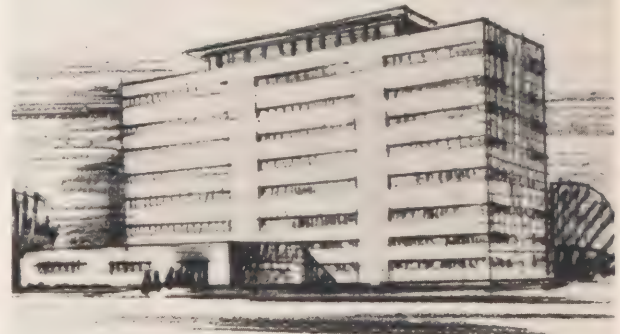
6. Plans for a Pediatric Institute call for a 200 bed hospital where the predominant characteristic will be research. The institution will have the advantage of nearby general and special hospitals, medical schools and laboratories. Facilities will include a much needed outpatient department with adequate diagnostic facilities,

[illegible]

The success of this plan hinges upon the balanced and integrated development of medical services with research and teaching facilities. Already the largest concentration of such activities in the world, the Medical Center District is destined to continue in that place of prominence and to attract to it even more important medical activities. The ultimate plan offers a way to control this growth and to assure that the value of so large a concentration will not be measured in quantity alone.

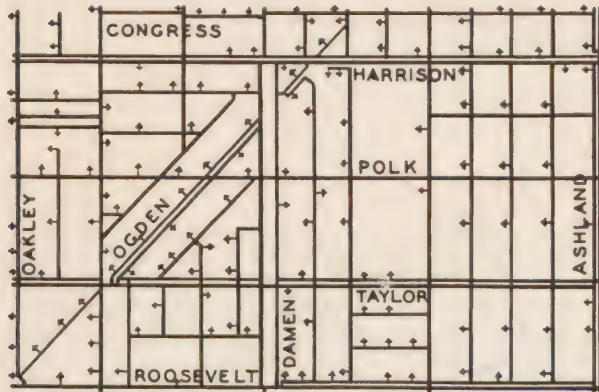
An aerial photograph of a modern office building complex. The building is composed of several interconnected rectangular volumes with a light-colored, possibly metallic or glass-clad facade. It features a central courtyard area. The building is surrounded by mature trees and landscaped grounds. In the background, other urban structures and parking lots are visible. The overall style is that of a mid-20th-century architectural photograph.

Existing institutions in the District are expected to grow and to expand their services in keeping with the general plan. General expansion areas have already been established for the Cook County Hospital, the University of Illinois, the State Departments of Health and of Welfare, the Presbyterian Hospital, Loyola University Medical and Dental Schools, the Chicago Medical School and the St. Paul Methodist Church. Each of these has plans for growth and many of them have both plans and money for their immediate expansion needs. In addition, a number of other institutions have been assigned locations in Medical Center District. These include the Veterans Administration Hospital, the State Tuberculosis Hospital, the Institution for Tuberculosis Research, the Cook County Graduate School of Medicine, the St. Paul Methodist Church

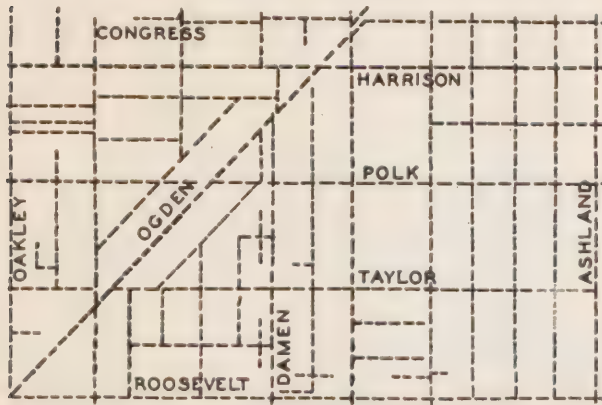


Moreover, the Commission's research reveals that certain other types of medical institutions could well be included. These are an acute mental hospital, a pediatric institute and a voluntary children's hospital, a general staff hospital, a cancer research hospital, an institute for the study of cardiac diseases, a school for nurses, a school of public health and preventive medicine, an institute of physical medicine, an institute of chronic illness and geriatrics, a lying-in hospital, an eye and ear infirmary and a voluntary clinic.

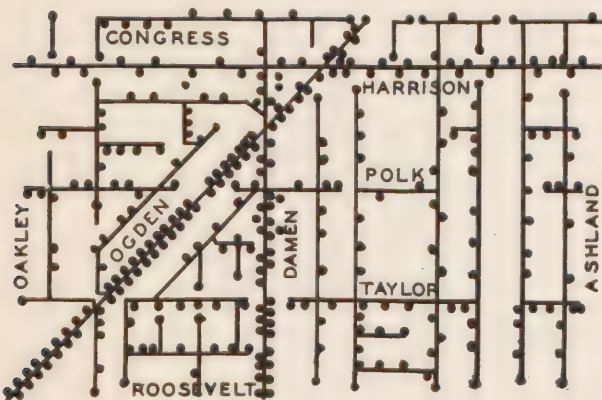
CHAPTER V— EXISTING UTILITIES — MEDICAL CENTER DISTRICT



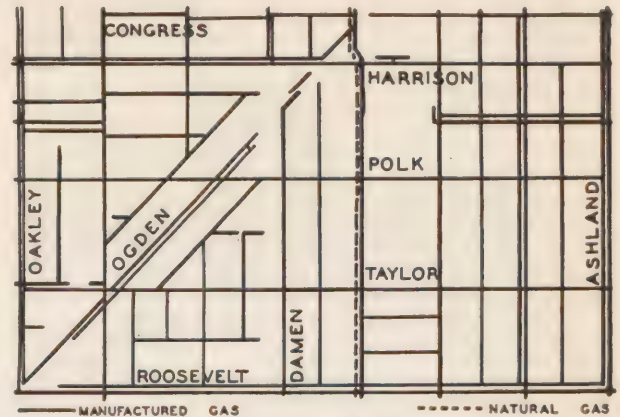
WATER LINES and pressure are provided as part of the City's system which includes adequate fire hydrants in strategic locations.



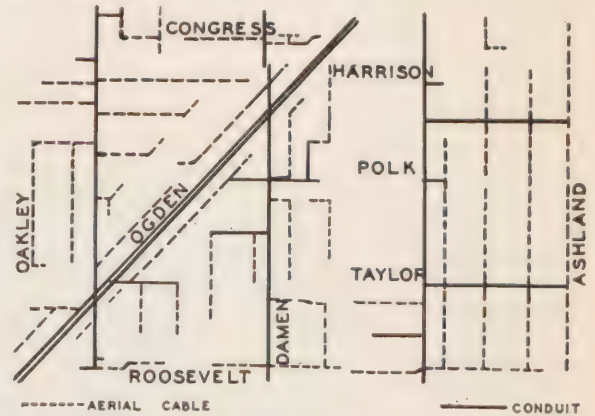
SEWERS in the District are satisfactory and equal to the increasing demands to be imposed with the intensive development of the area.



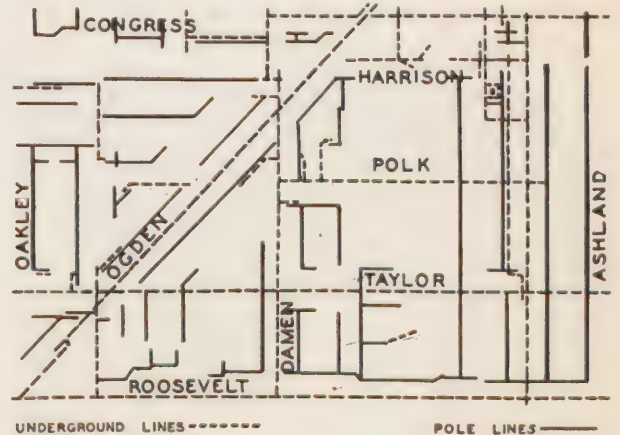
STREET LIGHTING will be developed to meet the requirements occasioned as new projects reach completion in both residential and institutional blocks.



GAS MAINS up to 24 inches provide a system currently adequate and capable of extension commensurate with the growing demands of the District.



ELECTRIC FACILITIES expansion is indicated. Upon completion, projects now being developed will call for increased utility plant output.



TELEPHONE facilities to meet the increased needs are considered adequate. The City and the privately owned utility companies have indicated their willingness to cooperate fully to meet future loads.

CHAPTER VI — QUIET ZONE



Proposed Improvements to Convalescent Park Opposite the Cook County Hospital

THE THERAPEUTIC VALUE OF A MEDICAL PARK

The experience of all of us has demonstrated over and over again the recreative and health giving value of a bit of natural greenery. If such benefits are recognized among the well, how much more are they to be realized by those whose normal powers have been weakened by disease? Psychosomatic studies show a close parallel between peace of mind and bodily well-being, and doctors agree that a park-like atmosphere surrounding those who are sick will help greatly in their cure.

This principle was recognized early in the Medical Center District with the creation of an open space north of the Cook County Hospital now known as Convalescent Park. This transformation was accomplished by cooperative action of the County, the City, the Chicago Board of Education, the University of Illinois and the University of Chicago a short time before Medical Center District was officially established. The park itself has been a definite aid to the recovery of patients who have used it.

There will ultimately be a green belt separating the

medical institutions from the housing and service areas, providing all who are patients here, or who live or work in the District, with a readily available park for relaxation, recreation and recuperation. This green belt totals 50 acres or one-sixth of the area of the District, an amount which the Commission feels is fully justified for its therapeutic value, but if such an assignment be thought wasteful of valuable land, it should be noted that the ultimate plan calls for the reduction of streets and alleys from 100 acres to 50 acres, and that this reduction equals the park area. Thus, in effect, 50 acres previously used for streets and alleys will be put together in a different way and be made available for a health giving green belt and quiet zone.

In the budget estimate a figure of \$4,000,000 is shown as the fund needed to complete purchase of all lands in the park belt. These funds will be a permanent investment by the State of Illinois in the health of its people. It is intended that park lands will be held for common use and will benefit all who enter the Medical District for years to come.

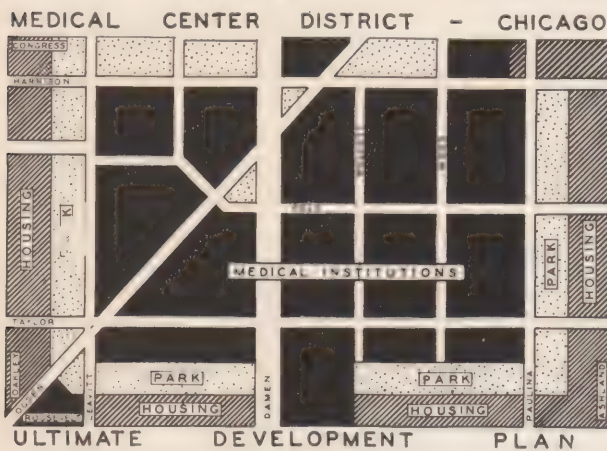
CHAPTER VII — HOUSING, SHOPS AND COMMERCIAL SERVICES

A portion of Section 4 of the Medical Center Act of 1941 (as amended in 1943 and 1947) reads as follows:

"Section 4. The Commission may, in its corporate capacity, construct in such District, dormitories, homes or residences for the medical profession, including interns, nurses, students or other officers or employees of the institutions within the District, or for the use of relatives of patients in the hospitals or other institutions within the District."

From the first the Commission has recognized the importance of this provision as reflecting a serious need in the District, yet because Section 4 as quoted was permissive, not mandatory, and because the prime requirement of the act was to develop facilities for medical care, education and research, the areas set aside for housing were confined to the perimeter of the District. Nevertheless, specific proposals have been made for much needed housing, both new and reconditioned. Chapter III described the Old People's Colony in which an existing block is to be reconditioned and landscaped for interim use of the ambulatory aged. It also described the proposal for the St. Paul Methodist Church Community with housing for staff and other personnel connected with that long established church. In addition to these two, several other housing projects being contemplated are described below.

THE ULTIMATE PLAN



The Commission has been influenced in its planning for housing by the possibility of major improvements being carried out in the area east of Ashland. The development of rental housing in that area would do much to alleviate the serious need for housing Medical Center District personnel. Until more definite indication of such a development is seen, however, the Commission feels it must continue to encourage housing developments within the District.



Block No. 10, between Ashland and Marshfield Avenues and Polk and Taylor Streets, has been earmarked for apartments to house staff members of the University of Illinois. Approximately one-half of this block is already owned by the Commission and building plans are in preparation. It is anticipated that the entire block will eventually be used for housing.



Certain areas have been reserved for shops and other commercial units which serve the District. It is thought that these should be limited to the minimum needed to take care of the families living in the District and to provide the specialized equipment and supplies for medical services. Some of these will be in the institutions themselves, some grouped in certain buildings adjoining them.



CHAPTER VIII—LAND PURCHASE PROGRAM

PROGRESS OF LAND PURCHASES BY MEDICAL CENTER INSTITUTIONS AND OTHER PUBLIC AGENCIES IN THE DISTRICT

(Exclusive of Streets and Alleys)

Owned on July 1, 1940.....	47 Acres	23% of Total
Owned on July 1, 1947.....	62 Acres	31% of Total
Owned on July 1, 1949.....	94 Acres	47% of Total
The Ultimate Goal.....	200 Acres	100%

Except for the Commission's broad powers under the Medical Center Act, including purchase, lease, sale and condemnation, which have made possible the assembly of privately owned small properties into large tracts for institutional use, it is conceivable that all growth of medical services in this densely populated section could be stifled.

The land acquisition programs previously summarized can be better understood by a review of the elements of the land assembly program: (1) Land now owned or being acquired by the established institutions in the District including the Medical Center Commission—94 acres; (2) Land in streets and alleys and otherwise publicly owned—100 acres; (3) Remainder to be acquired to complete the entire 300 acre development of the Medical Center District—106 acres. (Of the 94 acres in item 1, 37 are owned by Medical Center Commission.)

The program of land purchase which began in September 1944, has expanded until at present the Commission owns over 600 separate parcels of land containing over 400 buildings. Both negotiation and condemnation have been used in the process, which has been under the direction of the Commission's Legal Counsel. Throughout the entire period of land purchasing the total acquisition expense has been less than 5 percent of the purchase price. Moreover, the legal proceedings, backed by the impartial, expert opinion of the Commission's Appraisal Committee (five outstanding Chicago real estate men) have assured a fair pur-

chase price to both the seller and the Commission. In all cases the courts have sustained the Commission's purchase offers, and it is fair to state that purchases have been completed without hardship to the owners.

PROPERTY MANAGEMENT

In the process of assembling property in the District for eventual use by Medical institutions, approximately 400 buildings have been acquired. During the time these properties remain in use and until they can be vacated and the land cleared, it is necessary to maintain and manage them. At this time the Commission properties house more than 800 tenants. Making this land available for medical use involves relocation of occupants and wrecking the buildings. The experience thus far indicates that with patience and persistence this can be accomplished without undue hardship to the families involved.

Funds appropriated by the State will eventually complete the major land assembly and the Commission is confident that its present legal staff and its property management and maintenance staff can continue to handle the task of acquiring, managing and maintaining the assembled properties until the land is needed for specific medical developments. Some projects will require months or even years to mature, but if it is known that the land is ready for use when the time comes, the needed hospitals and medical schools will be able to proceed without delay.

LAND AREAS IN ULTIMATE PLAN

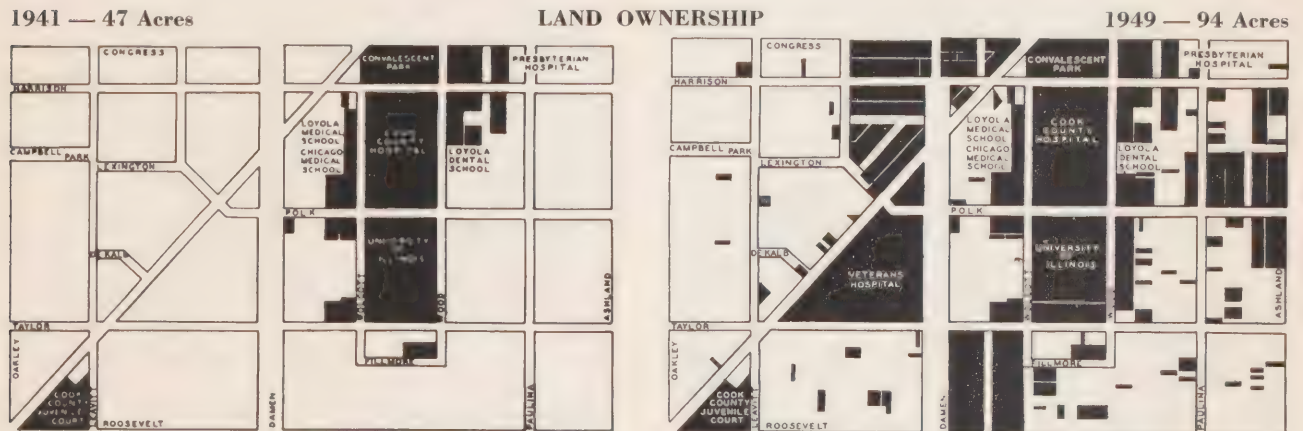
INTENDED USE	SOURCES FROM WHICH LAND WILL BE ASSEMBLED			TOTAL AREAS
	NOW OWNED BY INSTITUTIONS	LAND TO BE PURCHASED	TO COME FROM EXISTING STREETS AND ALLEYS	
INSTITUTIONAL	78 acres	38 acres	34 acres	150 acres
PARKS	9	35	6	50
HOUSING AND SERVICES	7	33	10	50
STREETS	0	0	50	50
TOTALS	94 acres	106 acres	100 acres	300 acres

CHAPTER IX—BUDGET ESTIMATE OF FUNDS NEEDED TO COMPLETE ACQUISITION OF LAND IN MEDICAL CENTER DISTRICT

Experience indicates that an average of \$2.50 per square foot should cover all costs of land purchase. On this basis the following is a budget estimate of funds needed to complete acquisition of land in the Medical Center District:

1. Land for Medical Institutions.....	38 acres	\$ 4,300,000
2. Land for Park Belt.....	35 acres	4,000,000
3. Land for Housing and Services.....	33 acres	3,700,000
4. Land for Streets.....	0	0
Total to be purchased.....	106 acres	\$12,000,000

The investment of \$12,000,000 in land will stimulate and further an ultimate additional investment in improvements of an estimated \$150,000,000. Most of this will be done by agencies other than Medical Center Commission.



THE RELATION OF LAND COSTS TO TOTAL INVESTMENT

Land now owned by qualified institutions or by other public agencies (including streets and alleys).....	\$17,000,000
Land for which funds are now available and purchase assured.....	1,000,000
Land remaining to be purchased in the District	12,000,000
Total for Land.....	\$30,000,000

Present investment in land, buildings and equipment.....	\$100,000,000
Additional investment in buildings assured within the next 5 years.....	50,000,000
Estimated additional investment to complete the Ultimate Plan.....	150,000,000
Total Investment	\$300,000,000

Thus \$12,000,000 invested now will permit and encourage the ultimate investment by other institutions of an additional \$150,000,000.

LAND ACQUISITION BY THE COMMISSION

Assures control of Medical Center District growth—a prime requirement under the Act.

Encourages established institutions to plan needed expansion with the assurance that their plans will not be stopped by restrictive acts of individual owners.

Attracts desirable institutions not now in the District, through the offer of land at a fair, economic value.

Allows for development of park areas possible through the Commission but not feasible through the individual action of any one institution in the District.

HALF WAY TO THE GOAL

ALREADY INVESTED BY ALL
MEDICAL CENTER INSTITUTIONS
IN LAND, BUILDINGS AND EQUIPMENT.....\$100,000,000

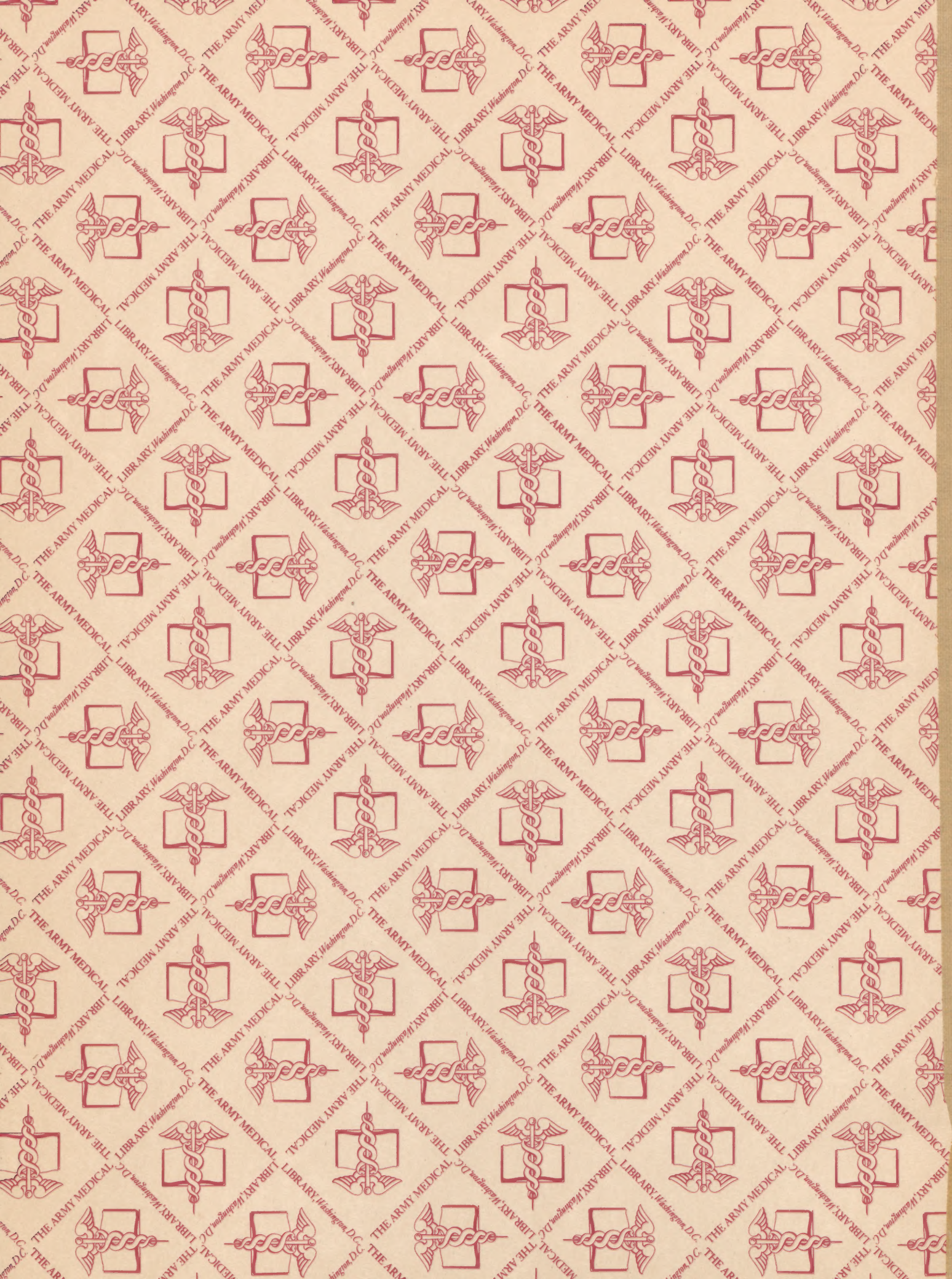
ADDITIONAL INVESTMENT
ANTICIPATED WITHIN FIVE YEARS..... 50,000,000

TOTAL ASSURED INVESTMENT
BY MEDICAL CENTER INSTITUTIONS.....\$150,000,000

INVESTMENT REQUIRED
TO COMPLETE THE
ULTIMATE DEVELOPMENT..... 150,000,000

TOTAL ULTIMATE INVESTMENT.....\$300,000,000





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PAMPHLET BINDER



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